



DEPARTMENT OF  
**REVENUE**  
STATE OF MISSISSIPPI

ALCOHOLIC BEVERAGE CONTROL

---

**To:** Alcoholic Beverage Suppliers

**From:** Mississippi Alcoholic Beverage Control

**Date:** \_\_\_\_\_

**Subject:** Purchase Order E-Mail Authorization

Purchase orders are to be sent electronically to the following addresses:  
(Please print or type clearly.)

Supplier Name: \_\_\_\_\_

Primary Email address: \_\_\_\_\_

Other Email address: \_\_\_\_\_

Other Email address: \_\_\_\_\_

Other Email address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mail completed form to the address listed below or fax it to 601-856-1390.

Mississippi Alcoholic Beverage Control  
Attn: Purchasing Department  
P.O. Box 540  
Madison, MS 39130-0540